

## Electronic Patent Application Fee Transmittal

| <b>Application Number:</b>               | 10764986   |          |        |                      |
|--|--|----------|--------|----------------------|
| <b>Filing Date:</b>                      | 26-Jan-2004  |          |        |                      |
| <b>Title of Invention:</b>               | Low level light therapy for enhancement of neurologic function |          |        |                      |
| First Named Inventor/Applicant Name:     | Jackson Streeter   |          |        |                      |
| <b>Filer:</b>                            | Bruce S. Itchkawitz  |          |        |                      |
| <b>Attorney Docket Number:</b>           | ACULSR.036A  |          |        |                      |
| Filed as Small Entity                    |  |          |        |                      |
| <b>Utility Filing Fees</b>               |  |          |        |                      |
| Description                              | Fee Code   | Quantity | Amount | Sub-Total in USD(\$) |
| <b>Basic Filing:</b>                     |  |          |        |                      |
| <b>Pages:</b>                            |  |          |        |                      |
| <b>Claims:</b>                           |  |          |        |                      |
| <b>Miscellaneous-Filing:</b>             |  |          |        |                      |
| <b>Petition:</b>                         |  |          |        |                      |
| <b>Patent-Appeals-and-Interference:</b>  |  |          |        |                      |
| <b>Post-Allowance-and-Post-Issuance:</b> |  |          |        |                      |
| <b>Extension-of-Time:</b>                |  |          |        |                      |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| <b>Miscellaneous:</b>             |          |          |        |                      |
| Request for continued examination | 2801     | 1        | 405    | 405                  |
| <b>Total in USD (\$)</b>          |          |          |        | <b>405</b>           |